



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

R38
HLPC

RECEIVED

'03 JAN 14 101:25

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
RAY	JOHN	B.	808.885.9588
MAILING ADDRESS (Street)			FAX
P.O. BOX 2159			808.885.9590
(City)	(State)	(Zip Code)	
KAMUELA	, HAWAII	96743	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII LEEWARD PLANNING CONFERENCE			808.885.9588
MAILING ADDRESS (Street)			FAX
P.O. BOX 2159			808.885.9590
(City)	(State)	(Zip Code)	
KAMUELA	, HAWAII	96743	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
NAJHA BARTLETT			808.885.9588
MAILING ADDRESS (Street)			FAX
P.O. BOX 2159			808.885.9590
(City)	(State)	(Zip Code)	
KAMUELA	, HAWAII	96743	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBYAgriculture ✓

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
Finance ✓Intergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation ✓

Health

Planning, Land & Water
Use Management ✓

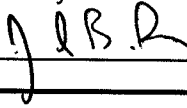
Other: (indicate below)

Ecology, Energy
Environmental Protection ✓Housing ✓

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

01-13-2003

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

TOM WHITTENORE

CHAIRMAN OF THE BOARD, HLPC

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HAWAII LEEWARD PLANNING CONFERENCE

808.885.9588

MAILING ADDRESS (Street)

FAX

P.O. Box 2159

808.885.9590

(City)

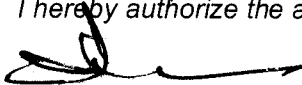
(State)

(Zip Code)

KANUELA, HAWAII

96743

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

01-13-2003

(Date)